



ATTORNEY DOCKET OM126

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of
Christopher Dykes *et al*
Serial No. 10/691,048
Filed: 10/22/2003

Group 3762

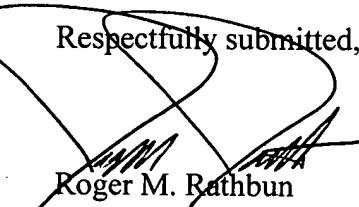
For: INTEGRATED PROCEDURE LIGHT FOR
INFANT CARE APPARATUS

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT WITHIN
THREE MONTHS OF FILING OR BEFORE MAILING OF FIRST OFFICE
ACTION**

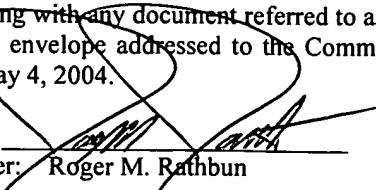
The Information Disclosure Statement submitted herewith is being filed within three months of the filing date of the application or date of entry into the national stage of an international application or before the mailing date of a first Office Action on the merits, whichever occurs last. 37 CFR 1.97 (b).

13 Margarita Court
Hilton Head Island, SC 29926

Respectfully submitted,

Roger M. Rathbun
Regn. 24,964
Attorney For Applicant(s)
Tel: (843) 682-2501

Certificate of Mailing (37 CFR 1.8)

I hereby certify that this paper (along with any document referred to as being attached or enclosed) is being deposited as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 4, 2004.

Signature of Person Mailing Paper:
Print Name of Person Mailing Paper:  Roger M. Rathbun

Date: May 4, 2004



MAY 07 2004

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Do not file a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

She

1

Complete if Known

Application Number	10/691,048
Filing Date	10/22/2003
First Named Inventor	CHRISTOPHER DYKES
Art Unit	3762
Examiner Name	
Attorney Docket Number	OM 126

U. S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ Number ⁴ Kind Code ⁵ (if known)				

Examiner Signature		Date Considered	
-------------------------------	--	----------------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.